

## REFERRAL TESTS

Specimen Collection Link

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
17-KETOSTEROIDS	24HR URINE	Boric acid preservative.
17-OH-CORTICOSTEROIDS	24HR URINE	Boric acid preservative.
17-OH-PROGESTERONE, ADULT	RED or RED GEL, 5ml	
17-OH-PROGESTERONE, PEDIATRIC	RED OR RED GEL, 5ml	
5-HIAA	24HR URINE	Boric Acid preservative.
5'NUCLEOTIDASE	RED OR RED GEL, 5ml	
AChR BINDING ABS	RED OR RED GEL, 5ml	
ACYLCARNITINE PROFILE	GREEN GEL, 4ml	
ADENOSINE DEAMINASE (ADA), FLUID	CSF/PLEURAL	Pleural, thoracentesis, or CSF fluids.
ADENOVIRUS ABS	RED OR RED GEL, 5ml	
ADRENOCORTICO HORMONE (ACTH)	LAV, 4ml	
ALDOLASE	RED OR RED GEL, 5ml	
ALDOSTERONE, ADULT	RED OR RED GEL, 5ml	
ALDOSTERONE, PEDIATRIC	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
ALDOSTERONE, URINE	24HR URINE	
ALKALINE PHOSPHATASE ISOENZYMES	RED OR RED GEL, 5ml	
ALKALINE PHOSPHATASE, BONE SPECIFIC	RED OR RED GEL, 5ml	
ALPHA SUBUNIT	RED OR RED GEL, 5ml	
ALPHA-1-ANTITRYPSIN	RED OR RED GEL, 5ml	
ALPHA-1-ANTITRYPSIN PHENOTYPE	RED OR RED GEL, 5ml	
ALPHA-1-ANTITRYPSIN,STOOL	STOOL	Walnut-size specimen of STOOL. If more than 1 BM is required to obtain adequate sample, FREEZE sample between collections.
ALUMINUM	RED OR RED GEL, 5ml	
AMINO ACID, PLASMA	GREEN GEL, 4ml	
AMINO ACID, URINE	RANDOM URINE	
AMINOLEVULINIC ACID DELTA, RANDOM	NO LIGHT RANDOM URINE	Do not use first morning specimens, late evening (after 8PM) specimens or specimens collected following excessive fluid intake. PROTECT FROM LIGHT.
AMINOLEVULINIC ACID DELTA, TIMED	NO LIGHT 24HR URINE	33% glacial acetic acid preservative. PROTECT FROM LIGHT.
AMIODARONE	NO GEL RED, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
AMITRIPTYLINE (ELAVIL)	NO GEL RED, 5ml	
AMOEBIC ANTIBODIES	RED OR RED GEL, 5ml	
ANDROSTENEDIONE	RED OR RED GEL, 5ml	
ANGIOTENSIN CONVERTING ENZYME (ACE)	RED OR RED GEL, 5ml	
ANGIOTENSIN CONVERTING ENZYME (ACE), CSF	CSF	
ANTICARDIOLIPIN ABS	RED OR RED GEL, 5ml	
ANTI DNA SINGLE STRAND	RED OR RED GEL, 5ml	
ANTI-DNASE B	RED OR RED GEL, 5ml	
ANTI-EPIDERMAL ABS	RED OR RED GEL, 5ml	
ANTI-HISTONE	RED OR RED GEL, 5ml	
ANTI-MITOCHONDRIAL AB.	RED OR RED GEL, 5ml	
ANTI PARIETAL CELL AB	RED OR RED GEL, 5ml	
ANTIPHOSPHOLIPID SYNDROME ABS	RED OR RED GEL, 5ml	
ANTI-PLATELET AB, DIRECT	LAV, 2x4ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
ANTI-SMOOTH MUSCLE AB	RED OR RED GEL, 5ml	
ANTI-THYROGLOBULIN ABS	RED OR RED GEL, 5ml	
ANTI-THYROID MICROSOMAL ABS	RED OR RED GEL, 5ml	
ARGININE VASOPRESSIN (ADH)	LAV, 2x4ml	Draw blood in a prechilled lavender-top tube. Transport on ice.
ASO TITER	RED OR RED GEL, 5 ml	
ASPERGILLUS ANTIBODIES	RED OR RED GEL, 5ml	
ASPERGILLUS ANTIGEN	RED GEL,5ml	
BARTONELLA HENSELAE ANTIBODY PANEL	RED OR RED GEL, 5ml	
BETA-2-GLYCOPROTEIN	RED OR RED GEL, 5ml	
BETA 2 MICROGLOBULIN	RED OR RED GEL 5ml	
BIOTINIDASE DEFICIENCY, SERUM	RED OR RED GEL, 5ml	
BORDETELLA PERTUSSIS SMEAR, DFA	SLIDES	4 slides from nasopharyngeal swab. Do not fix.
BRUCELLA ABORTUS IGG	RED OR RED GEL, 5ml	
BRUCELLA ABORTUS IGM	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
CANDIDA ANTIGEN	RED OR RED GEL 5ml OR CSF	
C1 ESTERASE INHIBITOR	ICE RED OR RED GEL, 5ml	Place sample on ice IMMEDIATELY after collection. Transport to lab on ice. Chill sample on ice during clotting.
C1 ESTERASE INHIBITOR ACTIVITY	RED OR RED GEL, 5ml	
C1Q IMMUNE COMPLEX	RED OR RED GEL, 5ml	
C1Q COMPLEMENT, QUANT.	ICE RED OR RED GEL, 5ml	Place sample on ice IMMEDIATELY after collection. Transport to lab on ice.
CA 27.29	RED OR RED GEL, 5ml	
CALCITONIN, ADULT	RED OR RED GEL, 5ml	
CALCITONIN, PEDIATRIC	RED OR RED GEL, 5ml	
CALCIUM, IONIZED	RED GEL, 5ml	
CARBOHYDRATE ANTIGEN 19-9	RED OR RED GEL, 5 mls	
CARNITINE, PLASMA	GREEN GEL, 4ml	
CAROTENE	NO LIGHT RED OR RED GEL, 5ml	PROTECT FROM LIGHT. Patient should be fasting a minimum of 8 hrs and receive no vitamin supplement or foods containing vitamin A or carotene for 24 hrs before testing in patients ages 0-6 months, 48 hrs for older patients.
CATECHOLAMINE, FRACTIONATED	24HR URINE	6N HCL preservative.

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
CATECHOLAMINE, FRACTIONATED PLASMA	GREEN GEL, 2x4ml	Call lab for special collection instructions.
CATECHOLAMINE, FRACTIONATED	24HR URINE	6N HCL preservative.
CATECHOLAMINE, TOTAL URINE	24HR URINE	6N HCL preservative.
CELIAC DISEASE PANEL	RED OR RED GEL, 5ml	
CERULOPLASMIN	ICE, RED OR RED GEL, 5ml	Draw in chilled tube. Keep specimen on ice while clotting.
CHLAMYDIA GROUP AB, IGG	RED OR RED GEL 5ml	
CITRATE, URINE	24HR URINE	6N HCL preservative.
CLONAZEPAM (KLONOPIN)	NO GEL RED, 5ml	Collect specimen immediately prior to next dose.
CMV ANTIBODIES, IGG & IGM	RED OR RED GEL, 5ml	
CMV ANTIBODIES, TISSUE DONOR	RED OR RED GEL 5ml	
COMPLEMENT C5	RED OR RED GEL, 5ml	
COMPLEMENT, TOTAL (CH50)	RED OR RED GEL 5ml	
COMPOUND S (METYRAPONE)	RED OR RED GEL 5ml	
COMPOUND S-SPECIFIC	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
CONGENITAL ADRENAL HYPERPLASIA	RED OR RED GEL, 2x5ml	
COPPER, LIVER TISSUE	BIOPSY	Liver biopsy in trace metal free plastic vial.
COPPER, SERUM	RED OR RED GEL, 5ml	
CORTISOL, FREE, URINE	24HR URINE	Boric Acid preservative.
COXSACKIE GROUP A ABS	RED OR RED GEL, 5ml	
COXSACKIE GROUP B ABS	RED OR RED GEL 5ml	
C-PEPTIDE	LAV, 4mL	
CPK ISOENZYMES	RED OR RED GEL, 5ml	
CRYOFIBRINOGEN, QUAL	BLUE 2.7ml	Collect in prewarmed tube and process at 37 degrees.
CYCLIC AMP	24HR URINE	No preservative.
DEOXYCORTICOSTERONE, SERUM	RED OR RED GEL, 5ml	
DESIPRAMINE (NORPRAMINE)	NO GEL, RED 5ml	Collect sample immediately prior to next dose.
DHEA	RED OR RED GEL, 5ml	
DHEA-S	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
DIHYDROTESTOSTERONE, SERUM	RED OR RED GEL, 5ml	
DILANTIN, FREE	NO GEL, RED 5ml	
DIPHTHERIA ANTIBODIES	RED OR RED GEL, 5ml	
DOXAPRAM	NO GEL RED, 5mL	
DOXEPIN (SINEQUAN)	NO GEL, RED 5ml	
EPSTEIN BARR VIRUS EARLY ANTIGEN	RED OR RED GEL, 5ml	
ERYTHROPOEITIN	RED OR RED GEL, 5ml	
ESTRADIOL	RED OR RED GEL, 5ml	
ESTROGENS, TOTAL	RED OR RED GEL, 5ml	
ESTRONE	RED OR RED GEL, 5ml	
ETHOSUXIMIDE	NO GEL RED, 5ml	
FECAL FAT, QUANT.	SPECIAL CAN	72-hour collection of stool. Obtain special container from Referral Lab. REFRIGERATE entire collection.
FETAL HEMOGLOBIN	AMNIOTIC FLUID	
FETAL-MATERNAL ERYTHROCYTE DISTR.	LAV, 4ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
FLECAINIDE (TAMBOCOR)	NO GEL RED, 5ml	
FLUCYTOSINE	NO GEL, RED 5ml	
FLUPHENAZINE (PROLIXIN)	NO GEL, RED 5ml	
FOLATE, RBC	LT LAV, 2x 2ml	
FREE KAPPA/LAMBDA LIGHT CHAINS	RED OR RED GEL, 5ml	
FRUCTOSAMINE	RED OR RED GEL, 5ml	
FRUCTOSE, SEMEN	SEMEN	Use clean screw top container. Specimen must be received in lab within 1 hour of collection. Send entire collection.
FSH, PEDIATRIC	RED OR RED GEL, 5ml	
FSH, URINE	24HR URINE	Boric acid preservative.
FUNGAL SEROLOGY	RED OR RED GEL, 5ml	
G-6-PD	LT LAV, 2x 2ml	
GABAPENTIN (NEURONTIN)	LAV 4ml	
GAD 65 AUTOANTIBODIES	RED OR RED GEL, 5ml	
GALACTOMANNAN		SEE ASPERGILLUS ANTIGEN

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
GASTRIN	RED OR RED GEL, 5ml	
GLIADIN ABS, IgA & IgG	RED OR RED GEL, 5ml	
GLUCAGON	LAV, ICE, 2x4ml	Collect in 2-4ml prechilled lavendet tubes. Transport to lab on ice.
GLYCOHEMOGLOBIN	RED OR RED GEL, 5ml	
GM1 ABS, EIA	RED OR RED GEL, 5ml	
GROWTH HORMONE	RED OR RED GEL 5ml	
GROWTH HORMONE BINDING PROTEIN	RED OR RED GEL, 5ml	
HAEMOPHILUS INFLUENZA ANTIBODIES	RED OR RED GEL, 5ml	
HALOPERIDOL (HALDOL)	NO GEL RED, 5ml	
HCG, BETA (PEDIATRIC)	RED OR RED GEL, 5ml	
HCG, BETA (TUMOR)	RED OR RED GEL, 5ml	
HEAVY METAL SCREEN	24HR OR RANDOM URINE	No preservative; 24 hour or random urine.
HELICOBACTER PYLORI ANTIBODIES PANEL	RED OR RED GEL, 5ml	
HEPATITIS A, TOTAL	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
HEPATITIS B e AB	RED OR RED GEL, 5ml	
HEPATITIS B e AG	RED OR RED GEL, 5ml	
HEPATITIS B core, TOTAL, TISSUE DONOR	RED OR RED GEL, 5ml	
HEPATITIS Bs ANTIGEN, TISSUE DONOR	RED OR RED GEL, 5ml	
HEPATITIS B VIRAL RT PCR	RED OR RED GEL, 5ml	
HEPATITIS C GENOTYPE	RED OR RED GEL, 5ml	
HEPATITIS C RNA BY PCR, QUALITATIVE	RED OR RED GEL, 5ml	
HEPATITIS DELTA AB	RED OR RED GEL 5ml	
HERPES SIMPLEX, IGG	RED OR RED GEL, 5ml	
HERPES SIMPLEX, IGM	RED OR RED GEL, 5ml	
HISTOPLASMA AB BY ID	RED OR RED GEL, 5ml	
HISTOPLASMA AB PKG	RED OR RED GEL, 5ml	
HISTOPLASMA AB, Y & M	RED OR RED GEL, 5ml	
HISTOPLASMA ANTIGEN	RED OR RED GEL, 5ml /URINE	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
HIV GENOTYPE	LAV, 2x4 ml	
HIV PHENOTYPE	LAV, 2x4 ml	
HIV-DNA, BY PCR	YELLOW, 2.6ml	
HLA B5701	LAV, 4ml	
HOMOCYSTEINE, PLASMA	LAV ICE, 4ml	Send on ice.
HTLV I/II ANTIBODY, QUAL	RED OR RED GEL, 5ml	
HU AUTOANTIBODY	RED OR RED GEL, 5ml	
IBD SEROLOGY 7	RED OR RED GEL, 5ml	
IGE	RED OR RED GEL, 5ml	
IGF-1/SOMATOMEDIN C, ADULT	RED OR RED GEL, 5ml	
IGF-1/SOMATOMEDIN C, PEDIATRIC	RED OR RED GEL, 5ml	
IGF BINDING PROTEIN-3 (IGFBP-3)	RED OR RED GEL, 5ml	
IGG, CSF	CSF	
IGG INDEX & SYNTHESIS RATE	RED OR RED GEL,5mL/ CSF 1mL	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
IgG SUBCLASSES	RED OR RED GEL, 5ml	
IL28B POLYMORPHISM GENOTYPE	LAV, 2x4ml	
IMIPRAMINE (TOFRANIL)	NO GEL RED, 5ml	
INFLUENZA AB PANEL	RED OR RED GEL, 5ml	
INSULIN	RED OR RED GEL, 5ml	
INSULIN, FREE AND TOTAL	RED OR RED GEL, 5ml	
INSULIN, HUMAN ANTIBODIES	RED OR RED GEL, 5ml	
INTRINSIC FACTOR BLOCKING ANTIBODIES	RED OR RED GEL, 5ml	
IRON, 24 HR URINE	24HR URINE	No preservatives.
IRON, LIVER TISSUE	BIOPSY	Liver biopsy in metal free plastic vial.
IRON, LIVER TISSUE	BIOPSY	Liver biopsy in metal free plastic vial.
ISLET (BETA) CELL AB	RED OR RED GEL, 5ml	
JO-1 ANTIBODY, IgG	RED OR RED GEL, 5ml	
KAPPA/LAMBDA LIGHT CHAINS, SERUM	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
KEPPRA		SEE LEVETIRACETAM.
KIDNEY STONE FORMATION PANEL	24HR URINE	No preservative.
L/S RATIO-PG	AMNIOTIC FLUID	
LAMOTRIGINE (LAMICTAL)	NO GEL, RED 5ml	
LATEX SPECIFIC IGE PANEL	NO GEL, RED 5ml	
LDH ISOENZYMES	RED OR RED GEL, 5ml	
LEAD, PEDIATRIC	LT LAV, 2ml	
LEAD, ADULT	LT LAV, 2ml	
LEAD, URINE	24HR URINE	6N HCL preservative.
LEGIONELLA ABS, TOTAL	RED OR RED GEL, 5ml	
LEGIONELLA ANTIGEN BY DFA	EXUDATE/BIOPSY	Tissue or lower respiratory tract secretions in a sterile screw-top container.
LEGIONELLA ANTIGEN, URINE	RANDOM URINE	
LEGIONELLA SPECIES CULTURE	EXUDATE/BIOPSY	Lung tissue, other body tissue, pleural fluid, transtracheal aspirate, lung exudate acceptable. Send 1.0 mL fluid or 1cc tissue. 50 mL cooling tower/air conditioner water also acceptable.
LEPTOSPIRA ABS	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
LEVETIRACETAM (KEPPRA)	NO GEL RED, 5ml	
LH, URINE	24HR URINE	Boric acid preservative.
LIDOCAINE, SERUM	RED OR RED GEL, 5ml	
LIVER-KIDNEY MICROSOMAL ANTIBODY	RED OR RED GEL, 5ml	
LUTEINIZING HORMONE, PEDIATRIC	RED OR RED GEL, 5ml	
LYME DISEASE AB PANEL	RED OR RED GEL, 5ml	
LYMPHOGRANULOMA VENERUM ABS	RED OR RED GEL, 5ml	
LYSOZYME-MURAMIDASE	RED OR RED GEL, 5ml	
MAG ANTIBODIES, IgM	RED OR RED GEL, 5ml	
MENINGOENCEPHALOMYELITIS PANEL, CSF	CSF	
MENINGOENCEPHALOMYELITIS PANEL, SERUM	RED OR RED GEL, 5ml	
METANEPHRINES, FRACT. PLASMA	LAV, 2x4ml	
METANEPHRINES, FRACT. URINE	24HR URINE	6N HCL preservative. No caffiene before or during collection. Monamine oxidase inhibitors should be discontinued at least 1 wk prior to beginning collection.

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
METANEPHRINES, TOTAL	24HR URINE	6N HCL preservative. Call lab for dietary restrictions.
METHADONE (DOLOPHINE)	NO GEL, RED 5ml	
METHYLMALONIC ACID	RED OR RED GEL, 5ml	
MUMPS VIRUS ANTIBODY IGG	RED OR RED GEL, 5ml	
MYASTHENIA GRAVIS PANEL	RED OR RED GEL, 5ml	
MYCOPLASMA ANTIBODIES, IGG & IGM	RED OR RED GEL, 5ml	
MYELIN BASIC PROTEIN	CSF	
MYOGLOBIN, URINE	RANDOM URINE	Early morning urine or one immediately following exercise.
NEWBORN SCREEN	FILTER PAPER	Public Health filter paper.
NEURONAL NUCLEAR (HU) ANTIBODIES	RED OR RED GEL, 5ml	
NITROGEN, TOTAL	24HR URINE	No preservatives.
NORTRIPTYLINE	NO GEL RED, 5ml	
ORGANIC ACIDS	RANDOM URINE	
OSMOTIC FRAGILITY	LAV 4ml	A normal unrelated control tube collected the same time as the test, must be submitted for each sample. Specimens must be received at testing lab within 72 hours of collection.

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
OXALATE	24HR URINE	6N HCL preservative.
OXCARBAZEPINE (TRILEPTAL), SERUM	NO GEL RED, 5ml	
p24 ANTIGEN	RED OR RED GEL, 5ml	
PANCREATIC POLYPEPTIDE	LAV,2x4ml	Overnight fasting REQUIRED.
PARAINFLUENZA AB PANEL	RED OR RED GEL, 5ml	
PARATHYROID HORMONE IRMA PANEL, PEDIATRIC	RED OR RED GEL, 5ml	Overnight fasting preferred.
PARATHYROID HORMONE RELATED PROTEIN	SODIUM HEPARIN, GREEN,4ml	
PARVOVIRUS PANEL	RED OR RED GEL, 5ml	
PHENELZINE (NARDIL)	NO GEL RED, 5ml	
PHENYTOIN (DILANTIN), FREE	NO GEL RED, 5ml	
PORPHOBILINOGEN	NO LIGHT RANDOM URINE	Protect from light.
PORPHOBILINOGEN, QUANTITATION	NO LIGHT 24HR URINE	33% Glacial Acetic Acid preservative. PROTECT FROM LIGHT.
PORPHYRIN, FRACTIONATED	NO LIGHT RANDOM URINE	Early AM collection. PROTECT FROM LIGHT.

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
PORPHYRINS	NO LIGHT 24HR URINE	Sodium Carbonate or no preservative. PROTECT FROM LIGHT.
PRIMIDONE/PHENOBARBITAL PANEL	NO GEL RED, 5ml	
PROCALCITONIN, SERUM	RED OR RED GEL, 5ml	
PROGESTERONE, PEDIATRIC	RED OR RED GEL, 5ml	
PROGESTERONE, ADULT	RED OR RED GEL, 5ml	
PSA, TOTAL AND FREE	RED OR RED GEL, 5ml	
PURKINJE CELL(YO) AB	RED OR RED GEL, 5ml	
PYRUVATE KINASE SCREEN	YELLOW, 2x2.6ml	
PYRUVIC ACID (PYRUVATE)	ICE, GRAY, 2ml	Collect in pre-chilled gray top tube. Transport to lab on ice.

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
QUANTIFERON-TB-GOLD	SPECIAL COLLECTION TUBES	CALL LAB!!! Collected M-TH 8a-12p ONLY! Special collection tubes and procedure.
QUINIDINE, SERUM	NO GEL RED, 5ml	
RENIN, ADULT	LAV, 4ml	
RENIN, PEDIATRIC	LAV, 4ml	
RESPIRATORY SYNCYTIAL ANTIBODIES	RED OR RED GEL, 5ml	
REPEAT NEWBORN SCREEN	FILTER PAPER	Public Health filter paper.
RISTOCETIN CO FACTOR	BLUE, 2.7ml	
RUBEOLA ANTIBODY, IGM	RED OR RED GEL, 5ml	
SELENIUM	RED OR RED GEL, 5ml	
SEROTONIN, SERUM	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
SEX HORMONE BINDING GLOBULIN	RED OR RED GEL, 5ml	
STREPTOCOCCUS PNEUMONIAE ANTIBODIES	RED OR RED GEL, 5ml	
STREPTOZYME	RED OR RED GEL, 5ml	
STRIATED MUSCLE AB	RED OR RED GEL, 5ml	
SULFONAMIDE	RED OR RED GEL, 5ml /Urine	
SULFONYLUREA SCREEN	RED OR RED GEL, 5ml	
T3, REVERSE	RED OR RED GEL, 5ml	
TESTOSTERONE, FREE AND TOTAL	RED OR RED GEL, 5ml	
TESTOSTERONE, TOTAL	RED OR RED GEL, 5ml	
TESTOSTERONE, TOTAL PEDIATRIC	RED OR RED GEL, 5ml	
TETANUS AB	RED OR RED GEL, 5ml	
THIOPURINE METABOLITES	LAV, 2x4ml	aka: 6-TG, 6-MMP, Thioguanine.
THIORIDAZINE-MELLARIL	NO GEL RED, 5ml	
THYROGLOBULIN, NICHOLS	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
THYROGLOBULIN, PEDIATRIC	RED OR RED GE, 5ml	
THYROID AUTOANTIBODIES	RED OR RED GEL, 5ml	
THYROID STIMULATING IMMUNOGLOBULIN	RED OR RED GEL, 5ml	
THYROTROPIN BII	RED OR RED GEL, 5ml	
THYROTROPIN RELEASING HORMONE	SPECIAL TUBE, CALL	
TOPOMAX, SERUM	RED OR RED GEL, 5ml	
TORCH TITERS, IgG & IgM	RED, 2x5ml	Includes: CMV, Rubella, Toxoplasma, and Herpes IgG & IgM.
TOXOCARA PANEL	RED OR RED GEL, 5ml	
TOXOPLASMA ABS, IGG & IGM	RED OR RED GEL, 5ml	
TRAZADONE (DESYREL)	NO GEL RED, 5ml	
TROFILE CO-RECEPTOR TROPISM	LAV, 2x4 ml	Must have viral load performed within 2 weeks of Trofile.
TRYPTOPHAN	GREEN GEL, 2x4ml	
TRYPANOSOMA CRUZI, IGG	RED OR RED GEL, 5ml	
TRYPANOSOMA CRUZI, IGM	RED OR RED GEL, 5ml	

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
t-TRANSGLUTAMINASE IGA	RED OR RED GEL, 5ml	
TULAREMIA TITER	RED OR RED GEL, 5ml	
UREAPLASMA/ MYCOPLASMA CULTURE	VIRAL TUBE	Must be collected in viral transport tube. Specify specimen source.
VALPROIC ACID, FREE	NO GEL, RED 5ml	
VANILLYMANDELIC ACID (VMA)	24HR URINE	6N HCL preservative. Call lab for dietary restrictions.
VARICELLA ZOSTER ANTIBODIES, IGG	RED OR RED GEL, 5ml	
VARICELLA ZOSTER ANTIBODIES, IGM	RED OR RED GEL, 5ml	
VASOACTIVE INTESTINAL POLYPEPTIDE	SPECIAL TUBE, CALL	CALL LAB to obtain special collection instructions. No radioactive substances 24 hr prior to test. Diet restrictions
VDRL	CSF ONLY!	
VERY LONG CHAIN FATTY ACID	LAV, 4ml	
VITAMIN A (RETINOL)	NO LIGHT ICE RED, 5ml	Draw into chilled tube. Transport on ice. PROTECT FROM LIGHT.
VITAMIN B1 (THIAMINE), PLASMA	NO LIGHT, LAV, 2x4 ml	PROTECT FROM LIGHT.

## REFERRAL TESTS

TEST NAME	TUBE TYPE/VOL.	SPECIMEN REQUIREMENTS AND SPECIAL INSTRUCTIONS
VITAMIN B6	NO LIGHT, LAV, 4 ml	Protect from light.
VITAMIN D 1,25 DI(OH), ADULT	RED OR RED GEL, 5ml	
VITAMIN D 1,25 DI(OH), PEDIATRIC	RED OR RED GEL, 5ml	
VITAMIN D 25-OH, ADULT	RED OR RED GEL, 5ml	
VITAMIN E	NO LIGHT RED, 5ml	PROTECT FROM LIGHT.
VOLATILE SCREEN	GRAY, 3x2ml	
VOLATILE SCREEN	RANDOM URINE	
VON WILLEBRAND MULTIMER PACKAGE	BLUE, 3x2.7ml	
ZINC	RED OR RED GEL, 5ml	
ZONISAMIDE (ZONEGRAN)	RED OR RED GEL, 5ml	